

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90003 011 \*\*\*150.00

DOCUMENT # P98000004545

1. Corporation Name

ROYAL LIVING OF PLANTATION, INC.

Principal Place of Business

10002 NW 60TH CT  
PARKLAND FL 33076

Mailing Address

10002 NW 60TH CT  
PARKLAND FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1998

4. FEI Number

65 0817626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 621 NW 76 AVE

Suite, Apt. #, etc.

22 City & State  
23 PLANTATION FL Broward

Zip

Country

24 33324

25

2a. Mailing Address

26 10002 NW 60TH CT

Suite, Apt. #, etc.

27 City & State  
28 PARKLAND FL Broward

Zip

Country

29 33076

30

Broward

9. Name and Address of Current Registered Agent

MICELI, LAWRENCE G  
737 E ATLANTIC BLVD  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name JULIE ROLNICK

82 Street Address (P.O. Box Number is Not Acceptable)

10002 NW 60TH CT

83

84 City  
PARKLAND

FL

85

Zip Code  
33076

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MARK ROLNICK

MARK ROLNICK

2-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ROLNICK, JULIE  
STREET ADDRESS 10002 NW 60TH CT  
CITY-ST-ZIP PARKLAND FL 33076

☐ DELETE

TITLE D  
NAME LEVENSON, FREDDA  
STREET ADDRESS 11679 59TH ST NO.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MARK ROLNICK  
1.2 NAME  
1.3 STREET ADDRESS 10002 NW 60TH CT  
1.4 CITY-ST-ZIP PARKLAND FL 33076

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/19/99 (954) 341-3229

CR2E034 (11/98)